

Jones, Delbert E. COL

To: 5 SIG CMD COMMAND CENTER(sc); 5 SIG CMD G1(sc); 5 SIG CMD G3(sc); 6 ASG(sc); 10 ASG(sc); 100 ASG S2(sc); 100 ASG(sc); 104 ASG(sc); 22 ASG(sc); 26 ASG(sc); 80 ASG(sc); 98 ASG(sc); HQ 7 ATC(sc); CDR66MIGP(sc); HQ USASETAF(sc); V CORPS COMMAND CENTER(sc); 21 TSC EOC(sc); HQ 21 TSC(sc); HQ 7 ARCOM ODCSOPS(sc); HQ 266 FINCOM(sc); HQ 1 PERSCOM(sc); 202 MP GP CID(sc); 18 ENG BDE(sc); HQ USAMMCE PIRMASENS(sc); HQ ERDC(sc); CHPPM-EUR(sc); CHPPM ADMIN3(sc); HQ AAFES EUROPE(sc); HQ AMC EUROPE(sc); TF FALCON(sc); HQ USACCE(sc); HQ USACCE(sc); HQ ERDC(sc); HQ USAMMCE PIRMASENS(sc); CDR66MIGP2(sc)

Cc: USAREUR CG(sc); USAREUR EAC(sc); USAREUR G1(sc); USAREUR G2(sc); USAREUR G3(sc); USAREUR G4(sc); USAREUR G6(mc); USAREUR G8(sc); USAREUR LIAISON OFC (sc); USAREUR OCHAP(sc); USAREUR OCPA(sc); USAREUR OCSURG(sc); USAREUR ODCSENGR(sc); USAREUR OIG(sc); USAREUR OJA(sc); USAREUR OPM(sc); USAREUR OSFAO(sc); USAREUR PARC(sc); USAREUR POLAD(sc); USAREUR SHD(sc); 221 BSB (sc); 222 BSB(sc); 233 BSB(sc); 235 BSB(sc); 414 BSB(sc); 415 BSB(sc); 417 BSB(sc); 411 BSB(sc); 409 BSB(sc); 293 BSB(sc); 284 BSB(sc); 282 BSB(sc); 280 BSB(sc); 279 BSB(sc); 254 BSB(sc)

Subject: USAREUR INFLUENZA PROGRAM CY04/05

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HQ USAREUR MESSAGE #0411054

SUBJECT: USAREUR INFLUENZA PROGRAM CY04/05

REFERENCES.

- A. (U) AE REGULATION 600-8-101, SOLDIER READINESS PROCESSING, 20 OCT 02.
- B. (U) DA PAM 600-8-101, PERSONNEL PROCESSING (IN-, OUT- SOLDIER READINESS, MOBILIZATION, AND DEPLOYMENT PROCESSING, 28 MAY 03.
- C. (U) MEMORANDUM, DEPARTMENT OF THE ARMY, HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND, SUBJECT: POLICY FOR INFLUENZA VACCINATION, 2004-2005 SEASON, 26 AUGUST 2004.
- D. (U) MEMORANDUM, ASSISTANT SECRETARY OF DEFENSE, SUBJECT: FINAL POLICY GUIDANCE FOR THE USE OF FLU VACCINE FOR THE 2004-2005 SEASON, 25 OCT 04.
- E. (U) MEMORANDUM, DEPARTMENT OF THE ARMY, HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND, SUBJECT: INTERIM REVISION TO POLICY FOR INFLUENZA VACCINATION, 2004-2005 SEASON, 25 OCT 04.

1. (U) SITUATION.

1.A. (U) IAW REFERENCES C AND D, THE ANNUAL INFLUENZA IMMUNIZATION PROGRAM BEGAN OCT 04. IMPLEMENTATION HAS BEEN DELAYED DUE TO A U.S. VACCINE SHORTAGE WHERE A SUPPLIER IN THE UNITED KINGDOM LOST THEIR LICENSE TO PRODUCE THE VACCINE JUST AS THE VACCINATION SEASON BEGAN. HENCE, THE ARMY, LIKE THE NATION, IS LIMITING VACCINATIONS TO HIGH-PRIORITY GROUPS TO SUSTAIN READINESS AND ENSURE THE HEALTH OF ITS BENEFICIARIES.

2. (U) MISSION. USAREUR UNIT COMMANDERS WILL IMPLEMENT THE INFLUENZA IMMUNIZATION PROGRAM WITHIN THE SPECIFIED GUIDELINES AS NOTED IN THIS MESSAGE AND IAW REFERENCE E. PERSONNEL TO BE IMMUNIZED AGAINST THE INFLUENZA VIRUS INCLUDE DEPLOYED/DEPLOYING SOLDIERS OR CIVILIANS AND ALL HIGH RISK PERSONNEL.

3. (U) EXECUTION.

3.A. (U) CONCEPT OF OPERATION. THE TWO GROUPS OF PERSONNEL TO BE VACCINATED AGAINST THE INFLUENZA VIRUS ARE DEPLOYED/DEPLOYING SOLDIERS OR CIVILIANS AND HIGH RISK PERSONNEL. DEPLOYED AND DEPLOYING SOLDIERS AND CIVILIANS ARE FIRST PRIORITY AND WILL BE VACCINATED BEFORE SECOND PRIORITY PERSONNEL. SECOND PRIORITY IS HIGH RISK PERSONNEL AS NOTED BELOW. SECOND PRIORITY PERSONNEL CATEGORIES ARE CO-EQUAL AND INDIVIDUALS FALLING WITHIN THESE CATEGORIES WILL BE VACCINATED ON A FIRST-COME-FIRST-SERVED BASIS. COMMANDERS OF DEPLOYED/DEPLOYING SOLDIERS WILL COORDINATE IMMUNIZATION DATES, TIMES, AND LOCATIONS WITH THEIR SUPPORTING MEDICAL TREATMENT FACILITY (MTF), CLINIC, OR BATTALION AID STATION (BAS).

COMMANDERS WILL COORDINATE WITH THEIR SUPPORTING MTF/CLINICS TO DETERMINE IF THEY HAVE SOLDIERS WHO MEET THE DEFINITION OF HIGH RISK. COMMANDERS WILL INSTRUCT SOLDIERS TO HAVE FAMILY MEMBERS SCREENED BY SUPPORTING MTF/CLINICS FOR HIGH RISK FACTORS AND VACCINATED IAW GUIDANCE FROM THE SUPPORTING MTF/CLINIC. AMONG HIGH RISK PERSONNEL AS INDICATED BY THE CENTER FOR DISEASE CONTROL (CDC) ARE:

3.A.1. (U) ALL CHILDREN 6-23 MONTHS OF AGE.

3.A.2. (U) ADULTS AGED 65 YEARS AND OLDER.

3.A.3. (U) PERSONS AGED 2-64 YEARS WITH UNDERLYING CHRONIC MEDICAL CONDITIONS (COORDINATE WITH LOCAL HOSPITAL OR CLINIC FOR DETERMINATION OF WHAT CHRONIC MEDICAL CONDITIONS QUALIFY).

3.A.4. (U) OUT OF HOME CAREGIVERS AND HOUSEHOLD CONTACTS OF INFANTS LESS THAN 6 MONTHS OF AGE (HOUSEHOLD CONTACTS=FAMILY MEMBERS, LIVE-IN NANNIES; OUT OF HOME CAREGIVERS=THOSE WHOSE BUSINESS IS PROVIDING CHILDCARE IF THAT CARE INCLUDES CHILDREN UNDER 6 MONTHS OF AGE).

3.A.5. (U) PERSONS 6 MONTHS TO 18 YEARS OF AGE ON LONG-TERM ASPIRIN TREATMENT (COORDINATE WITH LOCAL HOSPITAL OR CLINIC FOR DETERMINATION OF WHAT QUALIFIES AS CHRONIC ASPIRIN THERAPY).

3.A.6. (U) WOMEN WHO ARE PREGNANT DURING THE INFLUENZA SEASON (OCT 04 - APR 05).

3.A.7. (U) HEALTHCARE WORKERS INVOLVED IN DIRECT PATIENT CARE. (THIS INCLUDES ALL MEDICS FUNCTIONING WITHIN THEIR MOS AND WHO COME IN CONTACT WITH PATIENTS)

3.B. (U) TASKS TO SUBORDINATES.

3.B.1. (U) USAREUR COMMANDERS.

3.B.1.A. (U) COORDINATE IMMUNIZATION DATES, TIMES, AND LOCATIONS WITH THEIR SUPPORTING MTF, CLINIC, OR BATTALION AID STATION (BAS) FOR DEPLOYED AND DEPLOYING SOLDIERS.

3.B.1.B. (U) COORDINATE WITH SUPPORTING MTF/CLINICS TO DETERMINE IF THEY HAVE SOLDIERS THAT ARE HIGH RISK. IF THEY HAVE SOLDIERS IN THE HIGH RISK CATEGORY, COORDINATE IMMUNIZATION WITH THEIR SUPPORTING MTF, CLINIC, OR BATTALION AID STATION (BAS).

3.B.1.C. (U) INSTRUCT SOLDIERS TO HAVE FAMILY MEMBERS SCREENED BY SUPPORTING MTF/CLINICS FOR THE HIGH RISK FACTORS AND VACCINATED IAW GUIDANCE FROM THE SUPPORTING MTF/CLINIC.

3.C. (U) COORDINATING INSTRUCTIONS. NOT ALL SOLDIERS AND BENEFICIARIES WILL RECEIVE THE FLU VACCINE THIS FLU SEASON. THOSE INDIVIDUALS WHO ARE NOT IN THE AFOREMENTIONED CATEGORIES (DEPLOYING/DEPLOYED AND HIGH RISK PERSONNEL) CAN SIGNIFICANTLY REDUCE THEIR RISK OF BECOMING ILL BY: EXERCISING GOOD PERSONAL HYGIENE (HANDWASHING AND COVERING MOUTH WHEN COUGHING OR SNEEZING), STAYING HOME WHEN SICK, EXERCISING, EATING A HEALTHY DIET, AND OTHER GOOD HEALTH HABITS.

3.C.1. (U) MTF/CLINIC COMMANDERS WILL PUBLICIZE/INFORM (AFN, STARS & STRIPES) ALL HIGH RISK PERSONNEL WITHIN THEIR AOR WHEN THE VACCINE IS AVAILABLE AND VACCINATE AND DOCUMENT IN HEALTH RECORDS, CHCS, AND MEDPROS AS APPROPRIATE.

3.C.2. (U) AS THE INFLUENZA VACCINE BECOMES AVAILABLE IN EUROPE, ERMIC PUBLIC AFFAIRS WILL ASSIST IN COORDINATING INFLUENZA VACCINATION PROGRAM INFORMATION THROUGH MILITARY NEWSPAPER, WEB SITES, AFN TELEVISION/RADIO, STARS AND STRIPES.

3.C.3. (U) SOLDIERS SHOULD HAND CARRY THEIR PHS 731 (YELLOW IMMUNIZATION RECORD) TO THE IMMUNIZATION SITE AND ENSURE ALL IMMUNIZATIONS ARE ANNOTATED IN THE PHS 731, MEDICAL RECORD, AND MEDPROS.

3.C.4. (U) SOLDIERS AND THEIR FAMILY MEMBERS WHO CHOOSE TO OBTAIN INFLUENZA VACCINATION IN A HOST NATION MEDICAL FACILITY WILL NOT BE REIMBURSED FOR THEIR EXPENSE UNLESS THEY ARE PROPERLY REFERRED BY THEIR PROVIDER. SOLDIERS AND THEIR FAMILY MEMBERS WHO DO NOT FALL INTO ONE OF THE IDENTIFIED HIGH-RISK CATEGORIES WILL NOT BE REFERRED TO HOST NATION FACILITIES FOR INFLUENZA VACCINATION.

4. (U) SERVICE AND SUPPORT. USAMMCE WILL ACQUIRE AND DISTRIBUTE INFLUENZA VACCINE WITHIN THE USAREUR, SFOR, AND KFOR AORS.

5. (U) COMMAND AND SIGNAL.

5.A. (U) COMMAND. THE ERMIC FORCE HEALTH PROTECTION OFFICE IN CONJUNCTION WITH THE US ARMY OFFICE OF THE SURGEON GENERAL, MILITARY VACCINE AGENCY PROVIDES OVERSIGHT AND GUIDANCE FOR THE USAREUR INFLUENZA AND OTHER IMMUNIZATION PROGRAMS.

5.B. (U) SIGNAL.

5.B.1. (U) POCS:

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